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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/724,378	<b>FILING DATE</b> 11/27/2000 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 183-114
<b>APPLICANTS</b> Solomon B. Margolin, Dallas, TX ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 09/239,211 01/28/1999 PAT 6,114,353 WHICH IS A CIP OF 09/162,011 09/28/1998 PAT 6,090,822 WHICH IS A CIP OF 08/913,202 09/03/1997 ABN WHICH IS A CIP OF PCT/US96/02737 03/04/1996 AND SAID 09/239,211 01/28/1999 IS A CIP OF 08/397,962 03/03/1995 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/13/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 4
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b>  21091				
<b>TITLE</b> Compositions and method for treatment of lymphomas, leukemias, and leiomyomas				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	